

organ. The acute form generally attacked males, and was connected with articular rheumatism; the chronic was more frequent in females, and was associated with rheumatism of the muscular system. The symptoms of the acute form of the disease, to which the paper was restricted, are, that the attacks are paroxysmal, usually following a seizure of articular rheumatism, tinnitus aurium, resembling the pumping of a steam-engine or forge-bellows, and generally a benumbed sensation over the temporal and mastoid regions. This was the part chiefly implicated in the disease, which, if not speedily relieved, ended in exfoliation of the bone. Some cases were detailed by Mr. Harvey; in one, the patient was a strong, robust man, in whom the attack supervened on a severe rheumatic affection of the joint, which had been treated actively. On the entire subsidence of the joint affection, the left ear became the subject of severe pain; there was a benumbed sensation over the temporal and mastoid processes, accompanied with a heavy, deep tinnitus. There was considerable tenderness over that portion of the head. The meatus was much swollen, in consequence of the application of hot and stimulating remedies. He had difficulty in swallowing; the left tonsil was much enlarged. He was cupped and leeches over the mastoid process, and placed under the influence of mercury with colchicum. This was pursued for ten days; the tympanum could now be seen; it was of a brownish-red colour, and had lost its transparency. The pain had diminished in intensity, but the tinnitus continued; he had occasional flying pains about the joints. Pain and tenderness continued over the mastoid process, and though no fluctuation could be detected, an incision was made over the part down to the bone. Relief followed; he slept better. Colchicum, with quinine, was given, and the patient recovered, though for twelve months his hearing was somewhat affected. The second case was of a similar character, but, owing to the obstinacy of the patient, who refused to allow of any incision being made over the mastoid process, the structure of the ear was destroyed, and the bone exfoliated, notwithstanding active and judicious means were used to prevent it. The third case was one associated with cardiac inflammation, which ended fatally; the disease of the ear under the treatment pursued in the first case was little benefited.

In concluding his paper, the author lays great stress on the necessity of the incision over the seat of pain, and considers that, in the second case, that proceeding, if adopted, would have been as beneficial as in the first. In reference to the action of colchicum, he says: "It appears to me that colchicum may act chemically by producing some change in the urinary and alvine secretions, both of which it tends to increase in quantity and alter in quality; and, secondly, it acts particularly upon the nervous system. If given in large doses, it should be carefully watched as to its effects. It should not be given in a weakened constitution without either a tonic or an opiate, and it is better to have the bowels freely acted upon at first. I have found it extremely beneficial to continue its use internally for a lengthened period, in small and repeated doses, in chronic affections of the ear presumed to have arisen from rheumatism. I have found it by no means beneficial when it produces nausea, vomiting, or purging, and more particularly beneficial when the skin secretes freely: the preparations I place most dependence upon are the wine of the seeds internally, and the acetous extract, combined with spermaceti, as an external application." The wine of colchicum was usually administered in a bitter infusion, at first in doses of five or six drops, and in chronic cases the remedy was continued for a long period. In acute cases, half a grain of the acetous extract, with two grains of calomel, was given three times a-day, until pyalism was produced.—*London Med. Gaz.*, Oct. 1849.

23. *Infantile Typhus*.—Dr. FRIEDLEBEN has given, in the *Archiv für Physiologische Heilkunde*, the results of his experience of four epidemics of infantile typhus: the first extending from February to April, 1844, and from July to August in the same year. Then in January and February, 1846, and during July and August of the same year. During the months of January and February, 1846, typhus was confined almost exclusively to children, affecting the adult more particularly during April and May. In the course of the three

years 1844, 1845, and 1846, the Doctor had under his charge 1842 children (880 boys, and 962 girls), of which 98 cases were typhoid, to wit, 46 boys and 52 girls. Among these, only one was under one year, 23 ranged from two to five, 32 from five to eight, 22 from eight to eleven, 12 from eleven to fourteen, and 8 above fourteen. The endemic, therefore, fell with its greatest force on children between the second and eleventh years; and was more prevalent in winter and summer than in the autumn and spring.

The pathological character of this disease is detailed with great fidelity, and all the organic derangements of the intestinal canal, the lymphatic glands, the liver, the spleen, the kidneys, as well as of the circulating and respiratory system, and of the brain, are faithfully described.

The glands of Peyer were much swollen; some of them being a line and a half in thickness. The swelling was not, however, always uniform,—the centre being frequently more elevated than the margins. Their surface was unequal, owing to the presence of capsules, which gave them the appearance of ulceration. The number of the diseased glands varied from six to twenty. They were of a bluish-livid tint, soft, and easily detached. No change seemed to have occurred in the other coats of the intestine, with the exception of the subglandular cellular tissue, which presented the appearance of softening. Such were the appearances noticed in cases which proved fatal before the twenty-third day. When disease was protracted beyond that period, induration of the glands occurred.

According to the opinion of the author, all the glands which became developed before the twenty-first day were the soft; those later, the hard. His observations establish the views of MM. Rilliet and Barthez, as also those of Barrier, on the progress of inflammation of the glands. Severe ulceration of these may occur in exceedingly young subjects; they were witnessed in a case only two years and a half old. They may take place at a very early period, even on the eighth day, but cicatrization does not begin before the twenty-first day; its progress is found to be more rapid than in adults.

The mucous membrane is usually sound, being changed in appearance only in the immediate vicinity of the glands. In one instance, the mucous membrane of the stomach was observed to be inflamed. The sub-mucous cellular tissue was always natural. Changes are invariably discovered in the mesenteric glands; they are usually red and swollen, particularly at the beginning of the disease; infiltration and softening are rare: and, in the opinion of the author, the former only occurs in very serious cases, where there has been disorganization of the condition of the blood.

The general conclusions are as follows:—

1. The glands of Peyer, and as a consequence the mesenteric, are the local seat of infantile typhus.
2. During the first three weeks there is only simple inflammation of the follicles (*plaques molles*).
3. This may terminate in resolution without ulceration; when this takes place, it gives rise to the first form mentioned in the paper.
4. The progress of the cicatrization of these ulcers is very rapid.
5. When the morbid action extends beyond the twenty-first day, infiltration of the glands of Peyer may occur (*plaques dures*).
6. The infiltration begins in the glands in the proximity of the great intestine.
7. This leads necessarily to ulceration, constituting the second form of ulcerations.
8. Cicatrization takes place very slowly in these last.
9. After the twenty-first day, the two modes of ulceration may be discovered united together.
10. In all the cases terminating favourably, and in the generality of those ending in death, the mesenteric glands are only affected by a simple inflammatory softening.
11. The changes of the spleen are simultaneous with those above described.
12. All the complications which happen before the twenty-first day are of a very distinct inflammatory character.
13. The chemical character of the blood agrees with that state.

Hence the corollary is obvious, that infantile typhus for the first three weeks consists essentially in follicular inflammation of the intestines, which readily admits of cure, and is essentially distinguished from the typhus of adults.—*Med. Times*, Oct. 13th, 1849.

24. *On the Pneumonia of Children.* By M. VALLEIX.—Contrary to formerly entertained opinions, pneumonia is a frequent disease in children; but it is to speak too vaguely to treat of children in the mass, as great differences exist, according to their ages. We may take three periods into account: 1st, from birth to the second year; 2d, from two to six; and 3d, from six to fifteen. And as a general statement, making allowance for even numerous exceptions, it may be said that the disease decreases in severity from the first to the third of these periods. Careful researches have proved that, during the *first two years*, pneumonia is more frequent, more dangerous, more rapid, and oftener double, than at any other period of life except *extreme old age*; and the similarity of the disease, at these two extreme periods of life, is, in many respects, very remarkable. During even the *first period*, the danger of pneumonia much depends upon the part of such period it occurs at. Whatever the state of the child's health may be, if attacked during the *first month* it may be regarded as doomed to certain death; and from the first to the sixth month there is little hope of saving it, if the attack be at all severe. From the sixth to the twenty-fourth month the cures become more frequent, but the prognosis is still very bad, and should be most guarded, until convalescence is quite complete. The general symptoms may seem to amend, and the local ones to make little progress, but in from twenty-four to thirty-six hours a recrudescence occurs, which proves rapidly fatal. If the patient continue uninterruptedly to improve during thirty-eight hours, the convalescence is almost always definitive. The *local symptoms* should be especially watched; for it is not here as in adults, in whom we often see local symptoms continue for a considerable time after the general ones have diminished, without any cause for alarm. If in the infant there is not in twelve hours a notable improvement in the local symptoms, a fatal relapse must be feared. Another peculiarity is the *lobular* form of the disease, usually a consequence of an already severe attack of capillary bronchitis. At this period, too, as in advanced age, *double pneumonia* and pneumonia of the *apex* are common. M. Valleix believes that there is some confusion in the statement of M.M. Bailly and Legendre, that the anatomical condition of the lungs in these cases is due to a persistence of the foetal state; for, although a condensed state of the pulmonary tissue, disappearing on insufflation, may very often be found in very young infants, yet it is an error to suppose that all the cases usually described as infantile pneumonia are of this nature. He has, in such cases, met with even a denser hepatization than in the adult, the lung rapidly sinking in water, and being quite impervious to insufflation. The cases described by these writers would not, from their symptoms during life, be considered by good observers as pneumonia.

In proportion as we approach the *second period*, the pneumonia loses its lobular character, and approaches nearer to that of the adult, while its fatality diminishes also. Indeed, especially during the last two or three years of this period, the *benignity* of the disease is remarkable; and little alarm need be excited, except the child is already an invalid, when the supervention of pneumonia is exceedingly dangerous. By benignity it is not meant that the symptoms are slight, but that the cure is so sure; for, in fact, the symptoms have a very alarming appearance, and yet, in spite of them, amendment takes place in from two to four days, after which time the cure goes on rapidly.

In the *third period*, the disease still more resembles that of the adult, and is still benign. A distinguishing circumstance, at some part of this period, is the appearance of expectoration.

As a general rule, the younger the child the greater is the difficulty of the diagnosis. For auscultation, very young children should be held, by an assistant placing his hands under the thorax and belly, when examination can be made, especially as in this position the child usually ceases crying for awhile. Older children should be held on the mother's arm. In a case, in which auscultation